

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO.

FILING DATE

10/534914

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		6					57						
8		000000					58						
9		000000					59						
10		000000					60						
11		000000					61						
12		000000					62						
13		000000					63						
14		000000					64						
15		000000					65						
16		000000					66						
17		000000					67						
18		000000					68						
19		000000					69						
20		000000					70						
21		000000					71						
22		000000					72						
23	1						73						
24		1					74						
25		1					75						
26		1					76						
27		2					77						
28		000000					78						
29		000000					79						
30		000000					80						
31		000000					81						
32		000000					82						
33		000000					83						
34		000000					84						
35		000000					85						
36		000000					86						
37		000000					87						
38		000000					88						
39		000000					89						
40		000000					90						
41		000000					91						
42		000000					92						
43		000000					93						
44		000000					94						
45		000000					95						
46		000000					96						
47		000000					97						
48		000000					98						
49		000000					99						
50		000000					100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	41	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	43						TOTAL CLAIMS						